يسو		1	PART I		TDA	2/-0	\int			
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Г	APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	10/812,761	03/29/2004		L. Pernille Olesen			POULCS016	6778		
	APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE F	FEE PUBLI		JBLICATION FEE \$300	TOTAL FEE(S) DUE \$630	DATE DUE 01/31/2005		
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<u> </u>	BELL, KENT L			1661		PLT-149000	J . T			
CF	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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_	a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3) 7 CFR 1.27.	D b. Applic	cant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
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Effective on 1.	Complete if Known								
Fees pursuant to the Consolidated Ap	Application Nur	lication Number 10/812,761							
FEE TRAN	Filing Date		03/29/2004						
For F	First Named In	ventor	L. Pernille O						
	Examiner Nam	Examiner Name Kent L Bell							
Applicant claims small entity	status. See 37	CFR 1.27	Art Unit		1661				
TOTAL AMOUNT OF PAYMENT	(\$)	350.00	Attorney Docke	et No.	t No. Poulcs016				
METHOD OF PAYMENT (che	ck all that appl	ly)							
Check Credit Card Money Order None Other (please identify):									
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FEE CALCULATION		<u>-</u>							
1. BASIC FILING, SEARCH, A									
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Application Type Fee		Fee (\$		<u>Fee</u>	(\$) Fee (\$)		ees Paid (\$)		
Utility 300	150	500	250	200	100				
Design 200	100	100	50	130	65				
Plant 200	100	300	150	160	80				
Reissue 300	150	500	250	600	300				
Provisional 200	100	0	0	(0				
2. EXCESS CLAIM FEES					Fee (Entity		
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HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
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Other (e.g., late filing surcharge): Issue Fee \$550 Publication Fee \$300									
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				Application Number	10/812,761					
TRANSMITTAL FORM (to be used for all correspondence after initial filing)				Filing Date	03/2	29/2004				
				First Named Inventor	L. F	Pernille Olesen				
				Art Unit						
				Examiner Name		1661 Kent L Bell				
			3	Attorney Docket Number	1					
Total Number of	of Pages in	This Submission	3		Pot	ılcs016				
			ENC	LOSURES (Check all that	t apply)				
	nsmittal Fo			Drawing(s)		to Group Appeal Co	rance communication mmunication to Board			
l	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Licensing-related Papers Petition		Appeal Co	and Interferences mmunication to Group tice, Brief, Reply Brief)			
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Firm or Individual name Poulsen Roser Paci		fic, Inc.	-0-20			•				
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Typed or printed name Deniese Da			ahl	- 0						
Signature		Demi	mose Dall			Date	18 January 2005			

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